

**KANSAS DEPARTMENT OF Health and Environment**

**Moderator: Aimee Rosenow**  
**May 27, 2014**  
**10:00 a.m. CT**

Operator: Good morning. Ladies and gentlemen, my name is Suzanne. And I will be your conference operator today. At this time, I would like to welcome everyone to the Monthly Population Health Call.

All lines are placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your questions, press the pound key. Thank you.

Ms. Aimee Rosenow, you may now begin your conference.

Aimee Rosenow: Thank you, Suzanne. Good morning everyone. Welcome to the May Statewide Population Health Call. We are joined this morning by Secretary and State Health Officer, Dr. Moser and State Epidemiologist, Charlie Hunt from the Bureau of Epidemiology and Public Health Informatics. And we'll also hear from Jane Shirley with our Center for Population Health. Our Bureau of Health Promotion has two representatives giving an update today; Cheri Sage and Ginger Park. And then we'll have an update from Jamie Hemler for our Preparedness Program. And in the communications office, we'll have a few updates to provide as well. So, Dr. Moser, we're happy you're here and we are ready to hear your updates.

Robert Moser: Great. Good morning, I appreciate everybody taking time to be with us on the call this month. I wanted to just briefly give you some update on some KDHE new staff changes that are taking place. I'm sure you may have seen the

notice last week, Kari Bruffett who's been our director of our division here at Health Care Finance has accepted the position as Secretary of the Department for Aging and Disability Services. And so, she'll be assuming that role, the first week in June which is coming right up. So, we're making some interim changes, Dr. Susan Mosier who's the Medicaid Director currently will serve also as interim director of our division Health Care Finance for now.

So, we look forward to continuing to work with Kari in her new role. And since KDADS and KDHE have been doing a great deal of collaboration with KanCare and a number of other activities, we look forward to the continued collaboration. We're also losing our Policy Director, Nathan Bainbridge. Nathan is going back into the private sector. And so, for a period of time, we won't have a policy director at the office of the secretary, but our communication's office as well as my office will kind of serve in that role along with our legal department until we find a replacement. So, any concerns you have, you have constituent issues, anything like that at all, just – please direct those to the secretary and we'll make sure they get addressed and taken care off.

So, a lot of activities going on obviously with the summer coming up I've been off on vacation for the last week, but as you'll hear later, I did practice good boat and sun safety. We have a number of other activities going on coming up in June, and you'll hear more about this from our communications office. June 9th through the 15th is men's health week. And so, we'll be doing a number of activities around that. And we'll look forward to your participation. Thank you.

Aimee Rosenow: Thank you, Dr. Moser. And now we'll hear from State Epidemiologist, Charlie Hunt.

Charlie Hunt: Good morning everyone. I have just a few items for you this morning. The first thing I'd like to discuss is media attention that has been focused on Shiga toxin E.coli, or STEC, and hemolytic uremic syndrome, or HUS. The attention really started with a story about a person from Kansas City, Missouri. And from that story there were some linkages drawn to cases in Kansas that were being treated at a local hospital. We were contacted by

media and at that time, we and several local departments were working on seven cases of either (STEC) or HUS in South Central Kansas that appeared to be clustered geographically and in time and cases also showed similar demographic information.

So, then we disclosed to the media that we were looking into that. As investigations have gone on, we've determined that four of those cases, two in Sedgwick County and two in Harvey County, were epidemiologically related. Right now we don't have any indication that the remaining cases are related or other cases that were reported in that timeframe.

We are working very closely with such Sedgwick and Harvey County to determine the source of the four cases. And we also will have updated case information posted to our Web site this week. This does bring an important point to one of the complications of having our case counts posted on the Web site.

Just keep in mind that there is delay, you know, in the case counts often times we are in the process of doing investigations along with the local health departments particularly during an outbreak situation and although we have cases that we may have to disclose to the media those may or may not be reflected in our case account Web site so just important thing to keep in mind. I tried to explain that to the reporters when I talked with them, but sometimes there can still be a discrepancy.

The next thing I would like to talk about is just very briefly I mentioned West Nile virus again. As I mentioned on the call last month we're seeing the warmer weather now and West Nile virus season will soon be upon us. Again, (the West Nile) virus activity was high in 2012 and 2013. As I mentioned last month we are planning to do mosquito surveillance and in fact that's been initiated. We're focusing on Wichita again this year. And we will have updated and information on our website like in the cases as well with the mosquito surveillance data on our Web site and that will be updated each week.

And then finally, I just want to mention one other issue and that's related to blood lead surveillance in case investigation. As you know and are probably aware we have a partnership with Children's Mercy Hospital and the Poison Control Center at University of Kansas Hospital regarding technical assistance of both KDHE and the local health departments. We published our disease investigation guidelines and the local health departments have been involved in cases investigations. This investigation guideline does specify that the local health departments and healthcare providers may contact Children's Mercy Hospital when assistance is needed. However there might be some occasions when Children's Mercy Hospital will proactively contact local health departments.

It's important to note that the process of surveillance and investigation of blood poisoning is actually relatively new and we're still trying to determine the most effective way to conduct this process. So I would welcome any feedback that you have regarding that, send them to me or to Dr. Farah Ahmed in my office and we'll be happy to hear from you. With that I'll turn things back over to Aimee. Thank you.

Aimee Rosenow: Thank you so much, Charlie. And now we'll hear from our Bureau of Family Health. We have Heather Smith with us who will give an update on an initiative that they're doing in their program.

Heather Smith: Hello. The critical congenital heart defects project, part of the initiative that we are doing, began last December and we are undergoing a variety of different initiatives with hospitals and medical providers to determine the capacity of the state to screen for critical congenital heart defects which is the most common heart defect condition for infants and we are – we started the quality initiative and have already studied it with a survey to some of our hospitals to identify who is screening and how are they screening. The pilot project began in May with Republic and Washington counties and we'll be going on to Pratt and Liberal in mid June.

And the purpose of the initiative is really to identify how the facilities are screening so we can do a long term follow up with newborn screening for the individuals with these conditions. So with that, a variety of initiatives are

going on, we have conducted an initial [Webinar](#), so we'll have an archive soon on our [website](#) and Aimee can send out the link to that. As well as the Webinar and pilot projects, we're doing some different initiatives with informational videos with some of our partners and doctors here in the state so we're really excited about this initiative and we'd be interested in involving anybody at the local level that has an interest or has an ability to support this project. So with that I'll turn it back to Aimee.

Aimee Rosenow: Thank you so much, Heather. And next we have Jane Shirley.

Jane Shirley: Thank you Aimee. I want to let everyone know that we've convened four of the series of regional meetings impacting population health Healthy Kansas 2020. The next session will be tomorrow in Beloit and then we have additional meetings still to be held in Topeka and in Kansas City in June. The registration for those sessions is full but we have developed a waiting list so anyone who is interested in attending should go ahead and register so that if individuals drop out they will be able to be enrolled in the sessions.

From those meeting we will be developing some reports that will capture what we're hearing about community priorities as they connect to the state health improvement plan, Healthy Kansas 2020. Stay tuned to hear about that report to be released later on this summer. And that's all I have for today Aimee, thanks.

Aimee Rosenow: Thank you so much, Jane. And next we will hear from Cheri Sage with Safe Kids Kansas.

Cheri Sage: Well with this warm weather we've got a lot of families that are taking to the lake and pools here in the state and so we need to really be emphasizing water safety. We unfortunately have already seen some tragedies this year. And I can tell you anecdotally from Kansas Kids Fitness Day we had an activity where the children were trying on life jackets and I was amazed at how many of them made the comment to me, "Well I know how to swim," so we really need to emphasize the fact that even people that know how to swim are at risk for drowning.

And of course the most – the key important piece of water safety is proper supervision of children. Children are still our highest risk for drowning. Making sure that parents know that when the children are in or near water they need to have their eyes on them at all times. To help facilitate that we have what we call our water watcher system where at any given time you have one adult who it is their assignment or their job to keep their eyes open and their attention fully engaged in watching the children at play in or near the water.

And then each, you know, adult we know when all adults are watching the kids nobody is really watching the kids, so. The idea behind is that each person knows when it's their job to be the water watcher, they're not on the phone, reading a magazine, distracted by conversation, they truly are engaging. So we know that piece is important. That said we also know when kids are near open bodies of water they need to be wearing a life jacket and while they are required at the age of 12 and under to wear life jacket when they're on board a boating vessel, we know that's not always being followed. And we also need to emphasize that the adult, the parents, should so be wearing those life jackets as well. Setting a good example and also of course ensuring their own safety.

Another issue this time of year is soft sided pool. We have a lot of people that are erecting pools above grounds in their yards. And they do not have any type of protective fencing. So it's important to make sure that the adults know that they need to be extra vigilant and making sure that kids are not gaining access to these pools when unsupervised.

Regarding heat of course the issue right now with the sun is that, you know, there are a couple of things. First of all kids are going to be outside playing they need to be wearing protective sunscreen. They need to be putting it on early before they go out. And then reapplying, so we need to make sure everyone remember that and also when kids are outside being active that they to stay hydrated. It's easier this time of year to get dehydrated. And Safe Kids on their website, [www.safekids.org\\_safety](http://www.safekids.org_safety), has a really great infographic that you can share on how much water a kid should drink while they're playing sports.

So for every 20 minutes of play an athlete needs to drink about 10 gulps of water; each gulp being about a half ounce of fluid. And a teenager should drink about 20 gulps, that's twice that amount. So it's a really great way for parents to understand how often they should stop. And then how much the kids should be taking in. And of course frequent breaks from the heat, that's really important. And then last of course making sure that you do not ever leave children unattended in motor vehicle. When it's hot, even with the window cracked, it's a deadly situation. So that's all that I have. Thank you so much.

Aimee Rosenow: Thank you so much, Cherie. And now we'll hear from Ginger Park with our Bureau of Health Promotion.

Ginger Park: Thanks Aimee. The KDHE Bureau of Health Promotion is offering a Webinar today at noon to provide health home care providers an overview of the evidence-based programs and resources the bureau provides and additional resources available on Health Promotion. If you know of a home health provider who would benefit from the information, please have them contact the Vanessa Lohs to register and her e-mail address is Vanessa, [vanessa.lohs@wichita.edu](mailto:vanessa.lohs@wichita.edu).

So Wichita State University is helping coordinate this Webinar. The Webinar will also be [recorded and available for viewing](#). I'll give the Web information to Aimee to include in a minutes of this call. And then a quick reminder this Saturday May 31st is World No Tobacco Day. So this is a just a good time to remind staff and patients of the free cessation resources available through the Kansas Tobacco Quitline which is 1-800-QUIT-NOW or online at [www.ksquit.org](http://www.ksquit.org). Thanks.

Aimee Rosenow: Thank you so much, Ginger. And now we'll hear from Jamie Hemler with our Preparedness Program.

Jamie Hemler: Thanks, Aimee. We've got several updates for preparedness today - couple of which are staffing announcements. Laura Ross began her duties as the new Medical Countermeasure Program Manager today. She is replacing Zac Graves. And Samantha Ramskill will begin work as our Planning and

Outreach Specialist on Monday, June 9th. Samantha is joining us from the Department of Agriculture and she will be fulfilling that planner role our program has had in years past. So, a lot of you at the local level may remember we used to have planners that we would go out to regional meetings and assist with planning and do plan reviews and things like that.

The 2014 - 2015 Hospital Preparedness Program and Public Health Emergency Preparedness Program application was submitted on Friday, May 9<sup>th</sup>. Our federal project officers from the public health and hospital sides are currently reviewing those. So, we should be able to find out in the next month if they have any questions about what we've submitted for them.

Local work plans have been posted to the preparedness website. The Cities Readiness Initiative work plans will be completed and posted to our website once we receive the final Strategic National Stockpile guidance from the CDC in July. We won't be able to tell for sure what is required of the state and the CRI jurisdictions until we receive that guidance.

The communications matrix that is referenced in our local work plan is being sent out from the preparedness e-mail account today. Per the work plan local health departments should utilize this communications matrix to improve information sharing and situational awareness between community, regional, and state health and medical organizations. This document is for information purposes only, it will not need to be submitted back to KDHE at the end of the grant year, it's only to be used to assist in reviewing ESF 8 plans to ensure the local information sharing section is updated with all that relevant and accessible system information.

It should also assist local entities with reviewing internally who has access to the various systems and if the systems are applicable for preparedness efforts. This matrix was developed by a committee tasked with information sharing initiatives and this committee included the Kansas Association of Local Health Departments, the Kansas Hospital Education and Research Foundation, the Kansas Division of Emergency Management, KDHE, and local community hospital, and local health department representatives.



On the regional public health work plan we wanted to provide clarification regarding the use of the term subject matter expert. We use this term rather than the term designee for those regions that don't have regional coordinator. When there is no regional coordinator, those regions must ensure the work as a whole gets completed. Those tasks may or may not be spread up between several people rather than one person being designated to complete them.

Cities Readiness Initiative and tribal contracts was sent out Monday, May 19<sup>th</sup>. Local health department contracts will be sent out by Kevin Shaughnessy sometime in mid-June. We've gotten a lot of questions about that and there's some internal processes we have to go through yet those are finalized and sent out. Medical material agreements were sent out to local health departments within the past couple of weeks. We did have to resend this out to health departments because there was typo that was noticed after going through our routing process. So please be sure to review that second e-mail that was sent out and get the new updated contracts sent back in. Any questions on this can be sent to myself at [jhemler@kdheks.gov](mailto:jhemler@kdheks.gov). And that's all I have. Thanks

Aimee Rosenow: Thank you so much, Jamie. And from the Communications Office we have several updates today. First, I just wanted to remind everyone that we are in blue-green algae season. You may have seen some information come out on that last week. So, we usually send that information out through the [Kansas Health Alert Network](#) or Kansas HAN. So, if you're not yet a member of Kansas HAN please look into that, we have some information available online and news releases will also be posted to social media and at [kdheks.gov](http://kdheks.gov) on our news tab.

The other thing we want to remind you all of is that there is reporting information available on our [Bureau of Environmental Health Web page](#). So, you can use those forms to [report HAB related illnesses](#) or if you notice an [appearance of blue-green algae](#).

So, look for that information on our Web page as well. The next thing I wanted to let you all know is June 1st through 7th is National CPR and AED Awareness Week. So, there is some information available on that through the

American Red Cross and it really spotlights how life can be saved through CPR training and the AED or Automated External Defibrillator. So, look for that information on [www.americanredcross.org](http://www.americanredcross.org).

And then we have available - kind of piggy backing on the Safe Kids Kansas update - some information on heat safety. KDHE has developed an [extreme heat toolkit](#) that we will be posting on our Bureau of Environmental Health Web page. So we will send out some information on that and it has a lot of really great information on prevention and public health related to heat safety. We'll be highlighting that toolkit in a heat safety awareness Twitter chat that's this week on Thursday from 11 a.m. to noon and we'll be joined by our partners with the Department of Transportation, Department of Labor and Department for Children and Families. So if you are available from 11 a.m. to noon this Thursday please join us and feel free to join in on that Twitter chat or Twitter party and we're going to be using the hash tag #KSHeat, so look for that information or follow [@KDHE](#) on Twitter.

As Dr. Moser mentioned, in June we're also observing National Men's Health Week which is June 9th through to 15th and we're, you know, the men in my family are really bad about going to the doctor. So we're really going to be highlighting prevention and, you know, it takes a lot of convincing to get them to the doctor. So we're going to be working hard on getting that information out during the week of June 9th through the 15th.

And a couple other things, this Friday is the Oral Health Planning Summit. If you are interested in learning more about that there is a banner on our homepage that will link you to the flier with some more information about what the goals are for the Oral Health Planning Summit this Friday. The last thing I wanted to mention is at the KALHD meeting, Sara Belfry, our communications director and myself will be providing a public information communication workshop. So this will help facilitate those of you who need to meet the requirements of the public health emergency preparedness grant. That will be taking place on June 17th.

So we look forward to seeing some of you all there and that's all I have from the communication's office. Suzanne, if we could open up the lines for questions at this time we'd love to hear from our partners.

Operator: Certainly. At this time I would like to remind everyone in order to ask a question press star then the number one in your telephone keypad. When your line is opened for your question please announce your location. We'll pause for just a moment to compile the Q&A roster. Your first question comes from a line of Johnson County. Your line is open.

(Johnson County): Hi, and we're having real trouble hearing Charlie and I didn't catch what the four cases that were related in Harvey and Sedgwick County were for.

Charlie Hunt: Those are either STEC or HUS cases.

(Johnson County): Thank you.

Operator: Again I'd like to remind everyone, in order to ask a question simply press star and the number one in your telephone keypad. There are no further questions at this time. I'll turn the call back over to the presenters.

Aimee Rosenow: Thank you Suzanne. Again everyone, thank you so much for joining us today on the Statewide Population Health Call. Our next call will be June 24th at 10 a.m. and we will send out reminders on that with our next agenda. The transcript from today's call will be available on our Web site through the office of Local and Rural Health. So I will also send some information out to follow up on some of the topics that we discussed today.

So again, thank you so much for joining us and we look forward to seeing you next month.

Operator: This concludes today's conference call. You may now disconnect.

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